

RECEIVED

GROUP	POSITION	ID NO.	DATE
CLASSIFIER		46	6-1-96
EXAMINER	49		2-1-96
TYPIST		560	7-2
VERIFIER			
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Final	Original	Date
1	✓	N	5/9/96
2	✓	✓	=
3	✓	✓	=
4	✓	✓	=
5	✓	✓	=
6	✓	✓	=
7	✓	✓	=
8	✓	✓	=
9	✓	✓	=
10	✓	✓	=
11	✓	✓	=
12	✓	✓	=
13	✓	✓	=
14	N		
15	X		
16	N		
17	N		
18	N		
19	N		
20	N		
21	✓	✓	=
22	✓	✓	=
23	✓	✓	=
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through number) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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